

Tobacco Revenue, Use, Spending and Tracking Commission (TRUST)  
Bureau of Tobacco and Chronic Disease (BTCD)

**March 18th, 2010**

Mayo Clinic Hospital  
5777 E. Mayo Blvd  
Phoenix, AZ 85054

***MINUTES***

**Members Present:**

Linda Bailey  
Matt Madonna

Bill Pfeifer, Chairman  
Ronald Spark

**Members Absent:**

Kelly Hsu  
Dana Russell  
Librado M. Ramirez

Babak Nayeri  
Nancy Hook

**ADHS Staff:**

Wayne Tormala, ADHS BTCD  
Mary Ehlert, ADHS BTCD  
Gowri Shetty, ADHS BTCD  
Veronica Perez, ADHS BTCD

Karen Boswell, ADHS BTCD  
Courtney Ward, ADHS BTCD  
Jeanette Shea, ADHS PHPS  
Allison Perfume, ADHS BTCD

**Public Attendee:**

Al Harris – TCDC  
Michelle Walsh – ERDU  
Tim Vaske – AHA  
Susan Williams – Mohave Co.  
Rick Bowman – ERDU

John Daws – ERDU  
Dr. Timothy Ingall – Mayo Clinic  
Jill Gomez – U of A Healthcare  
Partnership

**Call to Order**

Chairman Bill Pfeifer called the meeting to order at 10:02 am.

**Introductions**

Mr. Pfeifer asked the TRUST, ADHS staff and public attendees to introduce themselves with their name and affiliation.

## **Stroke Telemedicine Program**

Dr. Timothy Ingall from the Mayo Clinic Arizona provided the Stroke Telemedicine program presentation. Highlights from this presentation are listed below:

- Dr. Ingall explained that whenever local or on-site acute stroke expertise or resources are insufficient to provide around-the-clock coverage for a healthcare facility, telestroke systems should be deployed to supplement resources at participating sites; specifically this initiative allows for acute care and around the clock coverage to occur in rural areas.
- Benefits of the stroke telemedicine program are outlined here:
  - Increased rate of accurate assessment and appropriate treatment
  - Ability to provide acute treatment to patients in remote areas
  - Improved outcomes, reduced morbidity and mortality
  - Increased comfort in the administration of tPA
  - Greater opportunity for medical support and back-up
  - Reduced incidence of protocol violations
  - Equal access to acute stroke care in a variety of setting
  - Real-time Videoconferencing Enables Efficient Patient Assessment
- Dr. Ingall explained the two different models of telestroke and the team members within those models:
  - Real-time Videoconferencing Enables Efficient Patient Assessment
    - Hub Hospital: designated stroke center
    - Spoke Hospitals: lack 24/7 neurology support
  - “Third Party Consult” Model
    - Spoke contracts with third party provider
    - Neurologist employed by third party
    - Spoke develops referral relationship with tertiary hospital for more complex cases
- Dr. Ingall explained the economic issues of implementing telemedicine networks
- Dr. Ingall explained the STARR Network (Stroke Telemedicine for Arizona Rural Residents)
  - Since late 2007 the AZ DHS has used Tobacco Tax money to fund a telemedicine program:
    - Mayo Clinic Hospital is the hub
    - Currently five spoke hospitals – Yuma, Kingman, Parker, Bisbee, and Cottonwood
- The aim for the STARR network is to have 35 AZ rural hospitals participate as ‘spoke’ hospitals by the beginning of 2014. If this is achieved, as many as 1,500 rural stroke consults will take place each year, with 400 or more patients receiving acute stroke treatment they would otherwise not have received
  - Also to expand the role of stroke telemedicine beyond performing ED consults to include subacute and rehabilitation care
- A brief Q & A was held with Dr. Ingall and the TRUST Commissioners on the presentation

## **Marketing Update**

Mary Ehlert provided the BTCD Marketing update. Highlights from this report are listed below:  
Cessation Ads

- Mary discussed the marketing timeline (both print and T.V) for the “Dear Me” campaign
  - The Arizona specific “Dear Me” ads are scheduling to begin in early September
- Targeted community outreach and earned media opportunities for the ASHLine are being done in specific counties such as Kingman and services are being presented as a “limited time offer”
  - The purpose of this targeted “push” and “limited time offer” is to create a sense of urgency amongst the targeted audience to utilize ASHLine services as soon as possible

Youth Prevention

Youth Coalition

- Worthy Institute facilitated an adult youth leader training on March 10<sup>th</sup>
- Logistics with the statewide youth conference are well underway and currently there are approximately 150 youth tentatively confirmed to attend
- Work is being done with each county on youth coalition development

## **Tobacco Cessation Update**

Ms. Shetty provided the tobacco cessation update. Highlights from this report are listed below:  
Stimulus Funding

- Ms. Shetty provided an update on the stimulus grant
  - Research is being done on the marketing efforts for the grant
  - Plans are in place to establish “Dear Me” billboards in front of the most prominent behavioral health organizations (i.e. RHBA’s, NRBA’s, etc.)
- Ms. Shetty also provided a brief update on Component I, the nutrition and physical activity part stimulus grant
  - There are two tobacco parts within Component I:
    - BTCD plans to incorporate cessation services within the breastfeeding policy of the grant
    - BTCD plans to assist in bringing retailers (convenient stores, etc.) up to code on the FDA’s new regulations in regards to shelving tobacco products

## **Financial Report**

Karen Boswell provided the BTCD financial update. Highlights from this report are listed below:

- Ms. Boswell updated TRUST Commissioners on the declining tobacco revenues
- Ms. Boswell also reported that the Bureau is developing a working document that will provide a “snapshot” on how funds are being spent for each program within BTCD
  - This document should be available by the next TRUST meeting

## **Tobacco Tax Evasion**

Matt Madonna provided the tobacco tax evasion update. Highlights from this report are listed below:

- Mr. Madonna briefed TRUST commissioners on a previous meeting that was held in regards to the issue of tobacco tax evasion

- Mr. Madonna presented three strategies to address the issue of tobacco tax evasion, which are listed here:
  - Impose a license on all tobacco retailers, similar to a license that is required to sell liquor in the State of Arizona
  - Create stricter enforcement
  - Increase the tax on “other tobacco products” and thoroughly define “other tobacco products.” As of right now, the language that defines “other tobacco products” is too broad and this results in tobacco products being taxed differently
- Mr. Madonna suggested creating a marketing effort that would bring about awareness of the tobacco tax evasion issue. This marketing effort would inform citizens of who to contact if they came across a retailer that was illegally selling tobacco products
  - The marketing effort would be as simple as creating a banner with the ADOR “tip line” to go across various tobacco related websites or billboards
- Mr. Madonna suggested creating a task force to oversee the responsibilities of addressing this issue
- Chairman Bill Pfeifer stated that this issue would continue to stay on the TRUST agenda so to not lose momentum in addressing the issue

### **Chronic Disease Planning Update**

Veronica Perez provided the chronic disease planning update. Highlights from this report are listed below:

- Ms. Perez gave a presentation on the prioritization process for the chronic disease programs. Highlights are below:
  - Key staff within BTCD conducting teleconference stakeholder forums
    - Eight forums were held during March 1-5, 2010
    - The opportunity to participate in these calls was extended to all chronic disease stakeholders
- The purpose of these forums was so stakeholders could provide input regarding the best strategies to address the four leading chronic diseases
  - The calls were conducting in a group interview format
  - Question categories included priorities, gaps, assets, partnerships and opportunities
  - Fifty-four stakeholders participated in the forums
- Below outlines the preliminary findings from the forums:
  - Major Themes:
    - Primary Prevention: addressing common risk factors
    - Communication: facilitating communication across stakeholder groups
    - Media and Marketing: consistent messaging and campaigns
    - Community capacity building: improving community capacity to address chronic diseases
    - Collaboration: coordination and work across chronic disease areas
- Below outlines the current activity within BTCD, which coincides with the preliminary findings of the forums:
  - BTCD is currently working on the Community Health Initiative to Reduce Disparities grant (CHIRD)
  - Coalition follow-up meetings have been taking place since the summit series ended in December:

- BTCD has met with leadership of each coalition
  - Planning forum for leadership from coalitions is being scheduled
- BTCD is currently reviewing existing Prop 303 funded contracts
- Short-term initiatives such as the Get with the Guidelines initiative and the Colorectal Cancer Screening initiative are still being developed
- Next Steps are to:
  - Communicate preliminary results to stakeholders
  - Prepare a more complete report to the Chronic Disease Taskforce for final recommendations
  - Phase in recommendations into existing and new contracts, as feasible and appropriate
  - Create BTCD framework and align operational processes
- Ms. Shetty gave an overview of where BTCD is moving as a Bureau with this project by explaining the DRAFT BTCD conceptual framework for prioritizing chronic disease programs within current contracts and how this framework will be presented and implemented with BTCD's partners.

### **Future Development of the TRUST**

Chairman for the TRUST, Bill Pfeifer, updated TRUST Commissioners that the Legislative Order to reinstate current TRUST Commissioners and appoint new TRUST Commissioners is still moving through the legislative process.

### **Public Commentary**

There was one public comment from Susan Williams.

- Ms. Williams commented Veronica Perez for the work she did with conducting the chronic disease stakeholders forums.
- Ms. Williams commented on if possible, it would be beneficial to create a tracking system for tobacco products that recorded that bar code sale as opposed to the stamp sale of tobacco products.
- Ms. Williams questioned the delivery of integrated efforts (as they pertain to the DRAFT BTCD conceptual framework) as many state programs are funded by category and not on an integrated level.
- Ms. Williams commented on the establishing privatized quit lines by county.

### **Closing Thoughts**

- Dr. Spark commented Dr. Ingall and his work on the Telemedicine program. He also looks forward to receiving Ms. Boswell's working document that will provide a "snapshot" on how funds are being spent for each program within BTCD and Dr. Spark stated that discussions regarding the tobacco tax evasion issue are ready to move to the next step.
- Linda Bailey informed TRUST Commissioners of the increasing promotion of quit line services to non-English speaking persons and commented that she would like to have this issue as a topic for discussion for future TRUST meetings.

### **Adjourn**

**The meeting was adjourned at 1:20pm.**

The TRUST Commission is a public meeting. In compliance with the State of Arizona's open meetings laws, the recorded minutes for the November 2009 TRUST Commission meeting are available to the public three working days after the meeting. Please contact the TRUST Coordinator at the Bureau of Tobacco and Chronic Disease, 602-364-0824, to make arrangements to obtain the minutes.